(a.)	Co			ennsylvania				e lot 1;
Filer Identificati Number	ion	· · · · ·	Report File (Mark X)			Committee		Lobbyist
Name of Filing (Lobbyist	Committee, Ca	ndidate or	Lisa	Ferric	K	<u> </u>	<u>.::</u>	
Street Address			303		< Road			
Dity	En	ie		State	Pa	Zip Code	16510-45	02
Type of Report ((Place x under	report type)						
i - 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3-30 Day Post Primary	4- 6 th Tuesd Pre- Electio		6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
The state of the s				X				
Date Of Election		11/07/201	Year 1	2017	Amendment Report		Termination Report	
Summary of Re	ceipts and	From Date	То С			For	Office Use Only	
xpenditures		06/06/20	17 10	123/2017				
A. Amount Bro	ught Forward F	rom Last Repor	t 8 (14	t.641.07)				
3. Total Moneta From Schedule		ons and Receipt	s 8	0.00				
. Total Funds / Sum of Lines A	Available		8 ()	1 641 07				
D. Total Expend	ditures		8	2 0101	<u>'</u>		5 =	
From Schedule Ending Cash			8 (2,040.68	-		न्नुन	2
(Subtract Line (F. Value of In-K		ons Received	8 (10	0,681,75,	} _)
(From Schedule G. Unpaid Debi) [])		8	0.00	4			· 🔈
(From Schedule		JII3	4600 4.19	0.00			<u>></u> > < 5	-
Part 1- if this is a	Committee reno	rt, treasurer slon	here. If this is a	Affidavit 8 Candidate report,	candidate sign here.			
	oscribed before p		ached schedulo	es on paper, is to th) 150- Signature	e of Person Sub	true, correct and complications of the complete	ete.
IN	Signature _{COMM}	ONWEALTH OF PEN		- ا	4111	Printed Nar		
My Commission (expires MO.	NOTARIAL SEA MICHELLE GON NOTATY PUDIC	DA-	_	814 Area Code		73-805/ aytime Telephone Numb	
Part II- if this is a I swear (or affirm amended.	HARBO	ORCREEK TWP, ER	IE COUNTY	can <mark>lidate shall sign</mark> s political committe	here. e has not violated a	ny provisions of	f the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and sub	oscribed before n	ne this						
day of	f	20		l -				
	11-de-1		_		Siç	gnature of Cano		
	Signature		4	l		Printed Name	3	
My Commission	expires MO.	DAY YR.		-	Area Code	Da	ytime Telephone Numb	er
		-						

page 2 or 12

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			
Lifelianguiungangu maumpei			
나는 한 교육 한학과 한 문화를 받는 다른 사는 한 왕인 공석 현실 하다.			
[14][16][16][16][16][16][16][16][16][16][16			
長代記 40 A - 4 B - 4 B - 1 B - 1 B - 1 B - 2 B - 1 B -			
据语:1、1、1、1转转11年 - 14 1、1 - 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Line and the second			

Total for the reporting period (1)	8	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0.00
All Other Contributions (Part B)	S	0.00
Total for the reporting period (2)	8	0.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	8	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	\$	0.00

PART A **Contributions Received From Political Committees**

 $\$\,50.01\,\,\text{TO}\,\$\,250.00$ Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Númber				
	5.60,50,50,6				Amazzat
	CAMPAC - F. C. C.				Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					and the state of t
House #	Street Address		-	Date [MM/DD/YYYY] 8	
City		Ctote	7in Code	Data FIREFOR Annag	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Cittle National Control	ntribution -			Date Parameter	
Full Name of Co Committee	wira innritig			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ntributing	1 1 1 1	La Astri Santasia	Date [MM/DD/YYYY] 8	
Committee					
Lana "	140 - 150 -				-
House #	Street Address			Date [MM/DD/YYYY] 8	
					the second
City	g 200 (200 (200 (200 (200 (200 (200 (200	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	intributing			Date [MM/DD/YYYY] §	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 8	+
Full Name of Co	ntributing		100000000000000000000000000000000000000	Date [MM/DD/YYYY] 8	
Committee	ตะเภดทุกเดิ			Date [MM/DD/YYYY]	
	E A STATE OF THE S				
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> 12 - 6224 - 433 611 - 3</u>	State	Zip Code	Date [MM/DD/YYYY] 8	
			(新新年) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	**************************************	
Full Name of Co	ntributing ()	- 1.1. p. 1.1.	1	Date [MM/DD/YYYY] 8	
Committee				<u> </u>	
House #	Street Address			Date [MM/DD/YYYY] 8	

City		Otate 1	7in Code	Dote IMM (DD BOOK	
City		State	Zip Code	Date [MM/DD/YYYY] 8	1

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Full Name of Con	tributor			Date [MM/DD/YYYY] 4	
House #	Street Address			Date [MM/DD/YYYY] 1	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Con	tributor	\$23\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	[Angle (Commonplete, Schlarge)]	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Land, A. A. Anna and A. A. Wall, M. Marine and A.	State	Zip Code	Date [MM/DD/YYYY] 1	
Full Name of Con				Date [MM/DD/YYYY]	
House#	Street Address		ha with a distribution	Date [MM/DD/YYYY] 8	
City	PART MAN (MUCC)	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Con	Street Address			Date [MM/DD/YYYY] 3 Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Con	tributor			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 3	

Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

es constitution of statement	7 mg				
	1				
Full Name of Contributing Committe	e			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
Lone 12 Street		Pro kra danse Ark	Latin minimum extraga (Latinia (Color))		
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of	\$66.55 \$66.55	A CONTRACTOR	大学 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date [MM/DD/YYYY]	
Contributing Committe	8			Pare Immiration of	
House #	Street Address		3.00	Date [MM/DD/YYYY]	
		Les de la lacera de lacera de la lacera de lacera de la lacera de lacera de lacera de la lacera de lace			
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	
Contributing Committe	6				
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	(47) (1):3	· 据处学点到150	R. W.	Date [MM/DD/YYYY]	8
Contributing Committe	6				
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
10 (12 (12 (12 (12 (12 (12 (12 (12 (12 (12				iga <u>u anima (Mitzalariu kalinasitan</u> i rzezinetine ⇒ ello	
Full Name of		***************************************	[Date [MM/DD/YYYY]	
Contributing Committe	e 7				
House #	Street Address			Date [MM/DD/YYYY]	**************************************
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		P. P. Control of the	Let may be a construction of	Date [MM/DD/YYYY]	3
Contributing Committe	e				
House#	Street Address			Date [MM/DD/YYYY]	8
City	第2 15 年から 20 5 € 2 15 年 2 15 4 元 2 5 2 5 元 元 2 5 7 C 元 (State	Zip Code	Date [MM/DD/YYYY]	

All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number

Full Name of Contri	outor			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing A	ddress /			Occupation
Principal Place of Bu Full Name of Contril	.,			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] \$
City	Samily Account Come 25 of the matery growth of	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name Employer Mailing A				Occupation
Principal Place of Bu Full Name of Contri	A STATE OF THE PARTY OF THE PAR			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY]
City		State	Zip Code	Date [MM/DD/YYYY] 3
Employer Name. Employer Mailing A	ELLINE SERVICE CONTRACTOR			Occupation (
Principal Place of Bu Full Name of Contri	1 may 1 mg 2 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	医克洛克利 海水田 地名美国拉克	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing A Principal Place of B				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	iber:			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		到6世代公司 《《表本》27年(4年)	[독일보통]	
Full Name		•		
House #	Street Address			- · · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		自分散できた機等などの必要	[extraodat duri nord]	1,000
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[2] 整备等[3] [2]	[1,28,928 (1,528 to s]	<u> </u>
Full Name				
House#	Street Address			
City	Balan Lin	State	Zip Code	Date [MM/DD/YYYYY] \$
Receipt Description		B-98 (8-78-340-420)	Constituting Contracts	Printers of E
Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Lenovite remains	[PCOstrolate and 201]	
Full Name				
House #	Street Address			·
City Heaville	e de la companya de l	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		***		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number			
1. UNITEMIZED IN-KIND CONTRIB	BUTIONS RECEIVED-VALUE OF \$50	0.00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.01 TO \$250	.00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	8	0.00
3 IN-KIND CONTRIBUTION RECEIV	VED-VALUE OVER \$ 250,00 (FRO)	M PAR	
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		8	0.00

SCHEDULE II PART F **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identificatio	II WHITDER:			
Full Name of Co	ontributor		Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
House #	Street Address		Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Description of I			and the second s	
Full Name of Co			Date [MM/DD/YYYY] 8	<u></u>
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of t			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Full Name of Co			Date [MM/DD/YYYY] \$	<u></u>
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 3	
Description of t		AP	<i>7.</i>	
Full Name of Co			Date [MM/DD/YYYY] 8	
House #	Street Address		Date [MM/DD/YYYY] 3	
City	State:	Zip Code	Date [MM/DD/YYYY] 8	
Description of a				
Full Name of Co	and the spirit regulation		Date [MM/DD/YYYY]	
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of (Sontribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY]
House # Street Address			Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name Employer Mailing Address / Principal			Occupation Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] 8
House # Street Address			Date [MM/DD/YYYY] \$
CITY 1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	gost a recent	TOPE OF THE MICE OF THE EXPLORER AND A STATE OF THE EXPLOR	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY]
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Total Committee State and Committee Committee	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description** of Contribution

Statement of Expenditures

	-	
Filer Identification Number:		

To Whom Paid				Date [MM/DD/YYYY] 8	
	Uline			09/26/2017	40.68
1972 12	reet Address	line Drive		Description of Expenditure	
City Pleasant	Prairie	State WI	Zip Code 53158	Door hanger	bags
To Whom Paid	_	0.		Date [MM/DD/YYYY] 8)
	triends	of Lisa Fe	rrick	10/03/2017	2,000.00
House # 3030 St	reet Address	lark Road		Description of Expenditure	
city Erie		State Pa	Zip Code 16510	Fund campaign	account
To Whom Paid				Date [MM/DD/YYYY] \$	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	reet Address			Description of Expenditure	
City	14 \$564 C M SERVE 115-568 S Prof \$ 2,35 Ja 564 \$	State	Zip Code	To provide the control of the second of the second of the control of the second of th	San ang an an ang an
To Whom Paid	I.	ent a sent serve	Distriction (February 1997)	Date [MM/DD/YYYY] \$	
House # St	reet Address			Description of Expenditure	
City	が、 のでは、	State	Zip Code	The court of the state of the s	alled the second of the second
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	Part 2 (See B. 11)	Date [MM/DD/YYYYY] 8	
House # St	reet Address			Description of Expenditure	
City		State	Zip. Code		以此处于1000年代,1000年代,1000年代,1000年代
To Whom Paid	6:	(7)	,	Date [MM/DD/YYYY] \$	
House #	reet Address	-		Description of Expenditure	
City		State	Zip Code		
To Whom Paid	·			Date [MM/DD/YYYY] \$	
House #	treet Address			Description of Expenditure	
City	77.74.70.77.4.1	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
	reet Address		-	Description of Expenditure	neri Guld dividigati
City	12. 22. 24. 24.	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	n Number:		
Name of Credit	Ora -		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	The state of the s
City		State Zip	
Description of E	Debt	Code	
Name of Credit			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City Description of (Teht	State Zip Code	758 75
Description of D	- GUA		
Name of Credit			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip	—
Description of I	Debt 2	Code	
Name of Credit	Or .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	
City :		State Zip	
Description of I	Debt.	Code	
Name of Credit			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	Outstanding paramee of peer
		[MM/DD/YYYY]	
City	Perconnection and the Committee	State Zip Code	
Description of I	Debt si	The second seconds of Fig. 1	
Name of Credit			Outstanding Balance of Debt
House:#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	2_
City		State Zip	
Description of the second seco		Code	